

# Chapter 12

## Ethical Issues in Supervision

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Clinical supervision has long played an important role in the training of psychologists (Carroll, 2014; O'Donovan, Halford, & Walters, 2011; Watkins & Milne, 2014), and can be regarded as a “signature pedagogy” in the field of psychology (Bernard & Goodyear, 2014, p. 2). In the 1970s supervision began to establish itself as distinct from its roots in counselling psychology (Carroll, 2007). During the 1980s the profession shifted to a view of supervision as requiring specific knowledge and skills (Pettifor, Sinclair, & Falender, 2014). This shift is reflected in the emergence of new supervision models and approaches (see Watkins & Milne, 2014). In Australia, similar to other countries, the focus on supervision as a professional competence increased after 2000. In their review of the literature on supervision and its effectiveness on clinical practice and client outcomes, Spence, Wilson, Kavanagh, Strong, and Worrall (2001) concluded that there was tentative evidence for the positive influence of supervision on supervisee practice, though the authors also concluded that the review raised more questions than answers.

As a professional activity, intervention or service, supervision raises a number of ethical issues and challenges. The past decade has seen the emergence of ethical guidelines on supervision (Australian Psychological Society [APS], 2003; 2008; 2013), systematic evidence-based training programs (e.g., O'Donovan, Halford, & Walters, 2011), textbooks (e.g., Pelling, Barletta & Armstrong, 2009), and increasing regulation of supervised practice programs and supervisor training (Gonsalvez & McCleod, 2008; Gonsalvez & Milne, 2010). These initiatives were initiated by individual state-based psychologists registration boards, and became more formalised with the National Registration and Accreditation (NRAS) scheme in July 2010. The Psychology Board of Australia (PsyBA, 2013a), as the

successor of the state boards, acknowledged the important role of clinical supervision and its regulation. In addition to providing specific guidelines for different supervised practice programs, the PsyBA regulates supervisor training (PsyBA, 2011; 2013a, b, c & d). The increasing interest in supervision in Australia is also reflected in the recent (October 2013) establishment of the Australian Psychological Society's (APS) Supervision in Psychology Interest Group.

This chapter addresses the major ethical issues in supervision, especially with reference to the supervision of provisionally registered psychologists and registrars, and the issues arising from the competing functions of supervision (APS, 2013). This chapter will use the words "supervision" and "clinical supervision" interchangeably. The word "clinical" is typically used to distinguish this particular form of supervision from "administrative" supervision (or line management). It also reflects the traditional roots of supervision as having emerged from counselling and clinical settings. Whilst much conceptual and empirical work on supervision has focussed on the "clinical" or therapy supervision context, this chapter is intended to address ethical issues relevant to supervision across diverse areas of psychological practice and supervisory contexts. Many of the issues raised for supervision of provisional psychologists are also relevant to research supervision, mandated supervision, and peer supervision or consultation. The definition of supervision and functions of supervision will briefly be addressed in relation to ethical considerations. Ethical principles and guidelines relevant to supervision will be reviewed with a focus on potential ethical dilemmas. Case vignettes will be used in a few instances to stimulate consideration of the issues raised in the preceding section..

### **What is Supervision and what are its Functions?**

The formal definition of supervision by Bernard and Goodyear (2014) is widely accepted. These authors conceptualise supervision as "an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of the same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the

professional functioning of the more junior person(s); monitoring the quality of professional services offered ...; and serving as a gatekeeper for the particular profession the supervisee seeks to enter” (2014, p.9).

This definition shares key elements with the definition provided by Milne and Watkins (2014) who distinguish between the following objectives of supervision: ““normative” (e.g., case management and quality control issues), “restorative” (e.g., encouraging emotional experiencing and processing, to aid coping and recovery), and “formative” (e.g., maintaining and facilitating the supervisees’ competence, capability, and general effectiveness).” (Milne & Watkins, 2014; O’Donovan, et al., 2011). Teaching and applying ethical principles and ethical decision making is raised by some authors specifically as a formative objective of supervision (Carroll & Shaw, 2013; Thomas, 2014) However, we would argue that ethics is of significance in *all* aspects of supervision; and this is highlighted by the impact the APS Code of Ethics has had on supervision.

### **Ethical Principles and Guidelines Relevant to Supervision**

#### ***APS Code of Ethics (2007)***

The APS Code of Ethics (2007) is applicable to all “psychological services” and is based on three general ethical principles, each elaborated into specific, enforceable ethical standards. The three principles are: A: Respect for the rights and dignity of people and peoples, B. Propriety and C. Integrity. The Code of Ethics defines a client as “a party or parties to a psychological service involving teaching, supervision, research and professional practice in psychology” (p 8). By definition therefore, a supervisee is a client of their supervisor. This definition adds to the complexity of the supervisory relationship: there is inherent conflict in considering the supervisee as a client, and balancing the teacher, mentor or facilitator roles with those of an evaluator or gate keeper to the profession (Behnke, 2005).

An Australian study of supervisees (Riley, 2013) found that over one third of the 27 participants reported that they were not aware that by definition, they were a client of their supervisor. Secondly a number of participants expressed a sense of unease with being

referred to as a 'client' of their supervisor; primarily because they considered a client to be someone who has a problem and needs help and did not consider that this was applicable to their position as a supervisee. What these observations suggest is that their status as a client of their supervisor may be an area of uncertainty for some supervisees (and possibly their supervisors) and as such, warrants greater attention in the supervisory relationship.

All three general principles should guide the supervisor-supervisee relationship, and the updated APS Guidelines on Supervision highlight those Code of Ethics principles and standards that are particularly relevant to supervision (2013). These standards include A.3 Informed Consent, A.4 Privacy (and A.4.b self-disclosure), A.5. Confidentiality, B.1.2 Competence, B.2 Record keeping, B.3 Professional responsibility (B.3 (g) boundaries), B.6 Delegation of tasks to supervisees, C: integrity, boundaries, conflict of interest; C.3 Multiple relationships, C4 non-exploitation; C.6 Financial arrangements. Other APS ethical guidelines, such as on managing professional boundaries or financial dealings (APS, 2008; 2012; 2014) complement the supervision guidelines.

### **Ethical Issues for Supervision**

Ethical issues discussed in the literature (e.g., Bernard & Goodyear, 2014; Thomas, 2010; 2014) include: informed consent, confidentiality and privacy, supervisory relationships, especially dual/multiple role issues, fitness to practice and supervisee impairment, supervisee non-compliance with supervisor directions, aspects of supervision arrangements, accountability and responsibility, and multicultural considerations. The following sections will highlight key issues.

#### ***Competence***

Competence and competency frameworks for supervision have become the major framework for psychology training (Rodolfa, Bent, Eisman, Nelson, Rehm & Ritchie, 2005; Rodolfa, et al, 2013) and supervision (Falender & Shafranske, 2004, 2012a, 2012b; Falender, Shafranske & Falikov, 2014; Gonsalvez & Calvert, 2014; Thomas, 2014; Watkins

& Milne, 2014). The PsyBA (2013a) requires that supervisor training is based on a competency framework.

With respect to supervision, the competence of both the supervisee and the supervisor is relevant (Bernard & Goodyear, 2014). The PsyBA has specified the professional competencies to be demonstrated by provisionally registered psychologists at the completion of the different training routes to general registration (PsyBA2011; 2013a, 2013b, 2013c), including knowledge of the discipline, ethical, legal and professional issues, psychological assessment, intervention strategies, research and evaluation, and interpersonal, multicultural and life-span developmental competencies.

Supervisor competence involves two competence areas:

1. *Competence of the supervisor* in the professional services that their supervisees provide to their own clients. Supervisors are ethically obligated to provide supervision only in areas in which they are competent and to maintain their competence through professional development.

2. *Competence as a supervisor*. The APS Code of Ethics Standards B.1 on competence, specifically, B.1.2 (Boundaries of professional competence) and B.6 (Delegation of professional tasks), are relevant with respect to both of these competencies. Over the past decade, there has been extensive change in both attitudes to and availability of supervisor training. Although internationally authors such as Falender and Shafranske (2004) criticized that the majority of supervisors had not received any training in supervision, Australia has paved the way in the compulsory training of supervisors, with Queensland being the first state to make supervisory training compulsory starting in 2004 with the Supervisor Training and Accreditation Program (STAP; O'Donovan, Dooley, Kavanagh, & Melville; 2009). Since 1 July 2013, all supervisors in Australia have had to be approved by the PsyBA and to demonstrate competency in seven areas (PsyBA, 2013c). Only those psychologists who have been approved for specific training pathways, and maintain their supervision skills, are allowed to provide supervision. In addition to discipline knowledge, supervisor competencies include the competence to provide supervision, that is, effective

supervision practices, managing the relationship with the supervisee, assessment and evaluation of the supervisee and legal and ethical issues (PsyBA, 2013c). Consistent with international trends (Falender, Shafranske, & Falicov, 2014), supervisors must also demonstrate awareness of multicultural and diversity issues. All supervisors are required to attend a one-day refresher course (Master Class) to maintain advanced level supervision skills within 5 years of their initial training and may count this training towards their continuing professional development requirements.

Whilst transition provisions apply to supervisors who had been approved prior to July 2013, all new supervisors need to complete the full training program. This program consists of three components: knowledge assessment, a minimum of 12 hours skills training and a competency assessment (PsyBA, 2013c).

The increased focus on supervisor competence and training has resulted in a large number of supervisors (more than 8500 in September 2013; PsyBA, 2013d) being listed on the PsyBA website for the various training pathways (see Find a Supervisor at <http://www.psychologyboard.gov.au/Registration/Supervision/Search.aspx>). However, despite this large number of supervisors, there is feedback from supervisees that many approved supervisors either have no capacity to take on supervisees, or may find it financially unattractive to do so. Moreover, for supervisors in private practice, there are additional concerns such as lack of adequate consulting space for the supervisee.

***Multicultural competence.*** Recent supervision literature reflects the increasing recognition that multicultural contexts and diversity require conceptual frameworks to understand how the diverse attributes and identities of client, supervisor and supervisee interact to affect supervision and client outcomes (Falender, et al., 2014; Fisher, 2014; Inman & DeBoer Kreider, 2013; Ladany & Inman, 2012). In a recent survey of Australian postgraduate students, Lee and Khawaja (2013) found that supervision and clinical

experience were better predictors of perceived multicultural competence than multicultural teaching.

### ***Informed Consent and Supervision Contracts***

Supervision involves three different types of informed consent (Bernard & Goodyear, 2014; Pope & Vasquez, 2011): (a) Informed consent to the psychological service provided by the supervisee, (b) client informed consent about supervision arrangements and procedures such as recording of sessions and sharing of confidential information with the supervisor, (c) trainee informed consent with respect to supervision, or the supervision contract or agreement.

Supervision contracts or agreements should be formal rather than informal. Supervision contracts help to clarify expectations about the supervision process, rights and responsibilities of both the supervisor and the supervisee, and enhances a positive supervisee-supervisor relationship (see Falender & Shafranske, 2012; Thomas, 2010). Gonsalvez (2014) discusses goal setting and provides resources for competency-based developmental supervision plans. Bernard and Goodyear (2014) provide models of supervision agreements. However, within the Australian context it is important that provisional psychologists in the 4+2 and 5+1 pathways to registration and in the registrar program meet the PsyBA (2011; 2013a, b & c) guidelines and complete required paperwork prior to commencing a supervised practice pathway. Although the PsyBA required forms address some of the categories of a supervision agreement such as the length of training and competencies to be developed, these forms do not address evaluation methods, supervisor and supervisor responsibilities, procedural considerations involving contingency planning, record keeping and dealing with personal and relationship factors.

### ***Confidentiality and Privacy***

It is important for supervisors to discuss confidentiality explicitly with their supervisees, and what the limits are (Bernard & Goodyear, 2014; Goodyear & Rodolfa, 2012). The Code of Ethics (2007), in standard A5, addresses confidentiality with respect to requirements for the supervisee to assure their clients' confidentiality and obtain their consent to divulge

confidential information to a supervisor. The confidentiality of the supervisee is specifically addressed in standard A4 which focuses on undue invasion of privacy such as requiring a supervisee to disclose personal information.

Supervisors have a professional obligation to report supervision progress and outcomes to a third party, either the PsyBA or the university training committee. Moreover, as discussed below, supervisors have a mandate to notify the PsyBA if concerned about the supervisee's conduct, professional skills or health suggest a significant risk to the public (Australian Health Practitioner Regulation Agency, 2014). See also chapter 14 by Morrissey & Reddy, this volume. Knowing this, a supervisee may face the dilemma on whether to disclose information that may provide context for the issue brought to supervision and which might facilitate his or her learning and progress, but which may not remain confidential.

### ***Evaluation, Due Process and Gatekeeping***

Evaluation involves providing supervisees with timely feedback on their performance (Goodyear & Rodolfa, 2012). This feedback is strengthened by using direct observation, co-therapy, and audio and video recordings rather than relying on the supervisee's report only (Behnke, 2005). Moreover, the PsyBA Guidelines (2011, 2013a, b & c) require observation by the supervisor. In addition to ongoing formal and informal feedback, there are formal evaluation processes that include regular reviews and supervision reports. An increasing number of formal measures are becoming available for assessing supervisee competence (O'Donovan & Kavanagh, 2014; Watkins & Milne, 2014).

Ethical issues can arise in the evaluation process if the supervisee's performance fails to meet specified standards. Reluctance by supervisors to provide negative feedback or feedback addressing personal factors affecting supervisee performance is well documented in the literature (e.g., Hoffman, Holmes, & Freitas, 2005). Lack of appropriate formative feedback raises due process issues when the final summative evaluation is negative, especially when there is inadequate documentation of supervisor concerns or approaches to address these concerns (Bernard & Goodyear, 2014; Goodyear & Rodolfa, 2012). Moreover, inadequate feedback, evaluation and documentation processes then make it difficult for the

supervisor to engage in the gatekeeping function. Not addressing concerns about a supervisee who may seem “too hot to handle” or relying on the PsyBA assessment processes or the psychology exam, is “an abdication of one’s professional responsibility” (Goodyear & Rodolfa, 2012, p. 268). In the Australian context, there has been much debate about the PsyBA’s tightening of supervision program requirements, especially when a considerable number of 4+2 pathway supervisees began to fail their final case study assessments. There are currently inadequate data to inform the debate on whether the PsyBA has been overzealous in its supervision and assessment requirements, whether case studies are an appropriate assessment of competence to practice, or what extent these failures reflect lack of supervisor competence. However, the PsyBA has clearly taken on gatekeeper role responsibilities that would have in the past been the prerogative of supervisor.

*Vignette: A postgraduate student who has been on an external placement has been failed by the field supervisor. The supervisor was so concerned about the students’ perceived lack of competence that she recommended not only failing the placement but also terminating the students’ enrolment in the postgraduate program. When the student is informed of the supervisor’s recommendations, she expressed surprise, claiming that the supervisor had not raised concerns until the final meeting where she was informed that she had failed. Review of her mid-placement evaluations indicates adequate performance and progress toward her placement goals. What are the ethical implications? How should the University Training Committee proceed? What are the student’s rights?*

### **Mandatory Notifications**

Since 2010, supervisors of psychologists not only have a gatekeeping role, but also a mandate to notify the PsyBA (2014), if they have concerns about a supervisee’s health and professional conduct. Similarly, supervisees are mandated to notify the PsyBA about supervisor impairment and inappropriate conduct. These issues include practising while intoxicated, sexual misconduct whilst working as a psychologist, a physical or mental

condition that could affect the psychologists' capacity to practice, and practice that is significantly different from accepted standards for psychologists.

Many supervisors find this mandate difficult, as it conflicts with the developmental focus of supervision, and the ethical mandates for confidentiality and privacy of the supervisee. Ultimately, a notification about a supervisee (or supervisor) is likely to affect and lead to a breakdown in the supervisory relationship. A question frequently raised by participants in supervision workshops has been uncertainty about the threshold for reporting, how to be sure a notification is required, and implications should they not notify because they want to address the issues in supervision in the first instance. Sofronoff, Helmes and Pachana (2011) have pointed out that few university programs have fitness to practice policies that would allow for systematic assessment and effective approaches to addressing student competence, conduct and impairment during their training. The recent updates of the mandated notification guidelines (2014) provide more clarity and specific flowcharts to assist supervisors and supervisees with such decisions.

*Vignette: Supervisor Smith, an expert in anxiety disorders, is concerned about her supervisee's presentation. She suspects that the supervisee might meet diagnostic criteria for panic disorder and possibly depression. The supervisee acknowledges in supervision that she has recently experienced much stress but denies anxiety, depression and that her work is affected by her current stress levels. Does the supervisor have adequate information to make a notification to the PsyBA? What other steps could she take to assure the supervisee does not present a risk to her clients? Is this a possible instance for making a notification to the Board?*

*Vignette: The receptionist in a mental health service mentions to the supervisor that clients have complained that the provisional psychologist was repeatedly late or forgot appointments, and did not answer his office or mobile phones. She also mentions that he sometimes smells of alcohol and seems "spaced out", even in the morning hours. How could the supervisor explore this complaint about his behaviour and possible substance use with*

*the supervisee? How would you evaluate if this supervisee's behaviour is a risk for his clients? What additional information would you need to make a notification to the PsyBA?*

### **Supervisory Relationships: Dealing with Dual or Multiple Roles**

A multiple relationship involves having more than one role in the supervisor-supervisee relationship. In this context, the likelihood of multiple relationships between supervisors and supervisees is increased and such relationships may be unavoidable (Goodyear & Rodolfa, 2012). For example in university postgraduate programs, the clinical supervisor may also be a lecturer, research supervisor or the program director. In a clinical practice setting, the supervisee may meet the supervisor regularly outside the supervision context, for example, at team meetings. According to the Code of Ethics (2007), multiple relationships need to be managed carefully when they cannot be avoided (Hammond, 2010). Multiple relationships and roles in the supervision context can be especially problematic because the supervisor is holding a dual role by definition (facilitator of professional competence in the supervisee and also evaluator and gatekeeper; see also Behnke, 2005). This power differential has the potential for harm when the boundaries around those roles and relationships become blurred. Boundary crossings are defined as a departure from commonly accepted supervision practice. Crossings are intended to benefit the supervisee or client. Boundary violations, on the other hand, can occur in intimate, therapeutic, work, and social relationships because of the power differential in the supervisory relationship. The APS (2008) Guidelines on managing multiple relationships specifically identify the potential for abuse of power and exploitation in these relationships (see 3.1.5).

Attraction between supervisors and supervisees is not uncommon (Goodyear & Rodolfa, 2012; Koocher & Keith-Spiegel, 2008). However, sexual relationships or sexual harassment constitute clear boundary violations. The APS Code of Ethics has an absolute prohibition of sexual relationships with current clients, as set out in standard C.4. (Non-exploitation), and section C.4.2 explicitly refers to supervisees, because of the potential exploitative nature of such relationships. These guidelines also address business relationships (e.g., personal assistance such as house or baby-sitting) between supervisors

and supervisees and consider these as another type of dual relationship discouraged in the literature (APS, 2008).

**Non-sexual multiple relationships.** There is agreement in the supervision literature that multiple relationships are not uncommon in the supervision context. There is further agreement that one particular dual relationship, that of a therapeutic relationship taking place within the supervision relationship, should be avoided, and that roles around supervision and therapy should not be blurred (Behnke, 2005; Pope & Vasquez, 2011; Koocher & Keith-Spiegel, 2008). This is a complex issue, as issues affecting the supervisee personally are likely to impact on their work with clients. The most parsimonious recommendation to supervisors in this area is: if something affects or may effect the supervisee's client, then it has to be addressed by the supervisor just in the context of outcomes for clients. If supervisees require personal support, including therapy to deal with any issues, the supervisor should refer them to an appropriate source, and not provide this type of intervention themselves. Some supervisors avoid dealing with issues considered "personal" to the supervisee for fear of a dual relationship, but this is not acceptable if the issue/s can negatively impact on clients.

*Vignette: A supervisee expresses anger towards a female client with two young children, who is vacillating between leaving an abusive relationship and staying to try and make things work. The supervisee is adamant that the client is "a terrible mother" and should have the "children removed". The supervisor is unable to encourage the supervisee to have accurate empathic understanding for the situation the mother is in, and fears that the supervisee's highly critical attitude could harm the situation rather than aid. The supervisor is surprised, as the supervisee is usually thoughtful and able to manage ambivalence in clients, and suspects that the unreasonable reaction is triggered by a personal issue for the supervisee. What does the supervisor do?*

### **Technology and Supervision**

Changes in technology have created new ethical concerns for supervision, both with respect to competence and ethical use. The PsyBA allows supervision to take place via videoconferencing such as skype (PsyBA, 2011; 2013a, 2013b, 2013c). Internet-based remote live supervision (Rousmaniere & Frederickson, 2013) has the potential for direct observation of supervisees who find it difficult to access supervisors such as those working in rural and remote parts of the country.

Smart phones and tablets are widely used technology that can be incorporated in psychological and supervision practice (see Chapter 11 by Kyrios, Abbott, Reynolds & Thomas in this volume). More recently, the wide-spread use of online social networking sites raises questions about the ethics of supervisors and supervisees obtaining information about each other and clients (Asay & Lal, 2014; see also Chapter 10, Harris & Kupiurs in this volume). This rapid technological progress provides both opportunities for innovation in the supervision process and challenges for doing so ethically.

### **Other Ethical Issues**

There are a number of other ethical considerations that go beyond the scope of this chapter. These include, but are not limited to, documentation and record keeping, financial considerations related to paying for supervision (APS, 2012), supervision modes such as group supervision (Smith, Riva & Erickson, 2012), and supervisees with disabilities (Taube, & Olkin, 2011).

### **Conclusion**

Supervision raises many complex ethical issues concerning competence, informed consent, confidentiality, evaluation and gatekeeping, multiple relationships and managing those difficulties ethically (Grant, Schofield & Crawford, 2012; Pettifor et al., 2011; 2014). As with most ethical issues and dilemmas, thoughtful consideration of the Code of Ethics, and ethical and supervision guidelines, can guide supervisors and supervisees through the process of setting up and maintaining a productive and ethical supervisory relationship.

### **Questions for Reflection**

Consider the issues and vignettes presented above, and using the 5-step process for ethical decision making presented in Chapter 1, work through the issue or vignette.

Discuss with your supervisor/peers what options are available to manage these issues.

## References

- Asay, P. A., & Lal, A. (2014). Who's Googled whom? Trainees' Internet and online social networking experiences, behaviors, and attitudes with clients and supervisors. *Training and Education in Professional Psychology, 8*(2), 105-111. doi:10.1037/tep0000035
- Australian Health Practitioner Regulation Agency (2014). Guidelines for mandatory notifications. Retrieved from <http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx>
- Australian Psychological Society (2007). *Code of ethics*. Melbourne, Australia: Author.
- Australian Psychological Society (2008). *Guidelines for managing professional boundaries and multiple relationships*. Melbourne, Australia: Author.
- Australian Psychological Society (2003; 2008; 2013). *Guidelines on supervision*. Melbourne, Australia: Author.
- Australian Psychological Society (2012). *Guidelines regarding financial dealings and fair trading*. Melbourne, Australia: Author.
- Australian Psychological Society (2014). *Ethical guidelines. Complementing the code of ethics (12<sup>th</sup> ed.)* Melbourne, Australia: Author.
- Behnke, S. (2005). The supervisor as gatekeeper: Reflections on Ethical Standards 7.02, 7.04, 7.05, 7.06 and 10.01. *Monitor on Psychology, 36*, 90. Retrieved from <http://www.apa.org/monitor/may05/ethics.html>.
- Bernard, J. M. & Goodyear, R. K. (2014). *Fundamentals of clinical supervision (5<sup>th</sup> ed.)*. Boston, MA: Pearson Education.
- Carroll, M. (2007). One more time: What is supervision? *Psychotherapy in Australia, 13* (3), 34-40.
- Carroll, M. (2014). *Effective supervision for the helping professions (2<sup>nd</sup> ed.)*. London, UK: Sage.
- Carroll, M., & Shaw, E. (2013). *Ethical maturity in the helping professions: Making difficult life and work decisions*. London, UK: Jessica Kinsley Publishers.
- Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association.
- Falender, C. A., & Shafranske, E. P. (2012a). *Getting the most out of clinical supervision and training: A guide for practicum students and interns*. Washington, DC: American Psychological Association.
- Falender, C. A., & Shafranske, E. P. (2012b). The importance of competency-based clinical supervision and training in the twenty-first century: Why bother? *Journal of Contemporary Psychotherapy, 42*, 129–137. doi:10.1007/s10879-011-9198-9

- Falender, C. A., Shafranske, E. P., & Falikov, C. J. (Eds.). (2014). *Multiculturalism and diversity in clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association.
- Fisher, C. B. (2014). Multicultural ethics in professional psychology practice, consulting, and training. In F.T.L. Leong, L. Comas-Diaz, G.C. Nagayam Hall, V.C. McLoyd, & J.E. Trimble (Eds). *APA handbook of multicultural psychology, Vol. 2: Applications and training*. APA handbooks in psychology (pp. 35-57). Washington, DC, US: American Psychological Association. [doi:10.1037/14187-003](https://doi.org/10.1037/14187-003)
- Gonsalvez, C. J. (2014). Establishing supervision goals and formalizing a supervision agreement. In C. E. Watkins & D. L. Milne (Eds.), *The Wiley international handbook of clinical supervision* (282-307). Oxford, UK: John Wiley & Sons, Ltd.  
doi:10.1002/9781118846360.ch12
- Gonsalvez, C. J. & McLeod, H. J. (2008). Toward the science-informed practice of clinical supervision: The Australian context. *Australian Psychologist*, *43*, 79–87.  
doi:10.1080/00050060802054869
- Gonsalvez, C. J. & Milne, D. L. (2010). Clinical supervisor training in Australia: A review of current problems and possible solutions. *Australian Psychologist*, *45*, 233–242.  
doi:10.1080/00050067.2010.512612
- Gonsalvez, C. J., & Calvert, F. L. (2014). Competency-based models of supervision: Principles and applications, promises and challenges. *Australian Psychologist*, *49*, 200–208. doi:10.1111/ap.12055
- Goodyear, R. K., & Rodolfa, E. (2012). Negotiating the complex ethical terrain of clinical supervision. In S. J. Knapp, M. C. Gottlieb, M. M. Handelsman, & L. D. VandeCreek (Eds.), *APA handbooks in psychology. APA handbook of ethics in psychology, Vol. 2. Practice, teaching, and research* (pp. 261-275). doi:10.1037/13272-013
- Grant, J., Schofield, M. J., & Crawford, S. (2012). Managing difficulties in supervision: Supervisors' perspectives. *Journal of Counseling Psychology*, *59*(4), 528-541.  
doi:10.1037/a0030000
- Gray, L. A., Ladany, N., Walker, J. A., & Ancis, J. R., (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology*, *48*, 371-383.
- Hammond, S. (2010). Boundaries and Multiple Relationships. In A. Allan & A. Love (Eds). *Ethical Practice in Psychology: Reflections from the creators of the APS Code of Ethics* (pp. 135-147). Chicester, UK: John Wiley & Sons.  
doi: 10.1002/9780470660041.ch11
- Harris, S. & Robinson Kurpui, S. Ethics and social networking. In S. A. Morrissey, P. Reddy, G.D. Davidson & A. Allan (2015). *Ethics and professional practice for psychologists*. Melbourne, VIC: Cengage Publishing.

- Hoffman, C. H., Holmes, S., & Freitas, G. (2005). Supervisor perspectives on process and outcome of giving easy, difficult and no feedback to supervisees. *Journal of Counselling Psychology, 52*, 3-13.
- Inman, A. G., & DeBoer Kreider, E. (2013). Multicultural competence: Psychotherapy practice and supervision. *Psychotherapy, 50*(3), 346-350. doi:10.1037/a0032029
- Koocher, G. P., & Keith-Spiegel, P. (2008). *Ethics in psychology and the mental health professions: Standards and cases* (3<sup>rd</sup> ed.). New York, NY: Oxford University Press
- Kyrios, M., Abbott, J., Reynolds, J. & Thomas, N. (2015). Ethical aspects of psychological assessment, treatment and research over the internet. In S. A. Morrissey, P. Reddy, G.D. Davidson & A. Allan (2015). *Ethics and professional practice for psychologists*. Melbourne, VIC: Cengage Publishing.
- Ladany, N., & Inman, A. G. (2012). Training and supervision. In E. M. Altmaier & J. I. C. Hansen (Eds.), *Oxford library of psychology. The Oxford handbook of counseling psychology* (pp. 179-207). New York, NY: Oxford University Press.
- Lee, A. and Khawaja, N. G. (2013). Multicultural training experiences as predictors of psychology students' cultural competence. *Australian Psychologist, 48*, 209–216. doi:10.1111/j.1742-9544.2011.00063.x
- Milne, D. L. & Watkins, C. E. (2014). Defining and understanding clinical supervision. In C. E. Watkins & D. L. Milne (Eds.), *The Wiley international handbook of clinical supervision* (pp 1-19). Oxford, UK: John Wiley & Sons, Ltd. doi:10.1002/9781118846360.ch1
- O'Donovan, A., Halford, W. K. & Walters, B. (2011). Towards best practice supervision of clinical psychology trainees. *Australian Psychologist, 46*, 101–112. doi:10.1111/j.1742-9544.2011.00033.x
- O'Donovan, A. & Kavanagh, D. J. (2014). Measuring competence in supervisees and supervisors. In C. E. Watkins & D. L. Milne (Eds.), *The Wiley international handbook of clinical supervision* (pp. 458-467). Oxford, UK: John Wiley & Sons, Ltd. doi:10.1002/9781118846360.ch22
- O'Donovan, A., Dooley, R., Kavanagh, D. & Melville, L. (2009, September). Supervision Training and Evaluation Program: Evidence from Australia. Paper presented at the 44<sup>th</sup> APS Annual Conference, Darwin, NT.
- Pelling, N., Barletta, J., & Armstrong, P. (2009). *The practice of clinical supervision*. Bowen Hills, QLD: Australian Academic Press.
- Pettifor, J., McCarron, M. C. E., Schoepp, G., Stark, C., & Stewart, D. (2011). Ethical supervision in teaching, research, practice, and administration. *Canadian Psychology/Psychologie canadienne, 52*(3), 198-205. doi:10.1037/a0024549
- Pettifor, J., Sinclair, C., & Falender, C. A. (2014). Ethical supervision: Harmonizing rules and ideals in a globalizing world. *Training and Education in Professional Psychology*. Advance online publication. doi:10.1037/tep0000046

- Pope, K. S., & Vasquez, M. J. T. (2011). *Ethics in psychotherapy and counselling: A practical guide (4<sup>th</sup> ed.)*. Hoboken, NJ: John Wiley & Sons.
- Psychology Board of Australia (2011). Guidelines on area of practice endorsements. Retrieved from <http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx>
- Psychology Board of Australia (2013a). Guidelines for supervisors and supervision training providers. Retrieved from <http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx>
- Psychology Board of Australia (2013b). Guidelines for 4+2 internship programs for provisional psychologists and supervisors. Retrieved from <http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx>
- Psychology Board of Australia (2013c). Guidelines for the 5+1 internship program for provisional psychologists and supervisors. Retrieved from <http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx>
- Psychology Board of Australia (2013d). Psychology Board of Australia approved supervisors. Retrieved from <http://www.psychologyboard.gov.au/Search.aspx?q=supervisors>
- Riley, M. (2013). *Supervisee responsibilities in supervision*. Unpublished Master's Thesis. Griffith University.
- Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rhem, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice*, 36, 347-354.
- Rodolfa, E., Greenberg, S., Hunsley, J., Smith-Zoeller, M., Cox, D., Sammons, M., Spivak, H. (2013). A competency model for the practice of psychology. *Training and Education in Professional Psychology*, 7(2), 71-83.
- Rousmaniere, T., & Frederickson, J. (2013). Internet-based one-way-mirror supervision for advanced psychotherapy training. *The Clinical Supervisor*, 32(1), 40-55. doi:10.1080/07325223.2013.778683
- Scott, T. L., Pachana, N. A. & Sofronoff, K. (2011). Survey of current curriculum practices within Australian postgraduate clinical training programmes: Students' and programme directors' perspectives. *Australian Psychologist*, 46, 77–89. doi:10.1111/j.1742-9544.2011.00030.x
- Smith, R. D., Riva, M. T., & Erickson Cornish, J. A. (2012). The ethical practice of group supervision: A national survey. *Training and Education in Professional Psychology*, 6(4), 238-248. doi:10.1037/a0030806

- Sofronoff, K., Helmes, E. & Pachana, N. (2011). Fitness to practice in the profession of psychology: Should we assess this during clinical training? *Australian Psychologist*, 46, 126-132. doi:10.1111/j.1742-9544.2011.00031.x
- Spence, S. H., Wilson, J., Kavanagh, D., Strong, J., & Worrall, L. (2001). Clinical supervision in four mental health professions: A review of the evidence. *Behaviour Change*, 18(3), 135-155.
- Taube, D. O., & Olkin, R. (2011). When is differential treatment discriminatory? Legal, ethical, and professional considerations for psychology trainees with disabilities. *Rehabilitation Psychology*, 56(4), 329-339. doi:10.1037/a0025449
- Thomas, J. T. (2010). *The ethics of supervision and consultation: Practical guidance for mental health professionals*. Washington, DC: American Psychological Association.
- Thomas, J. T. (2014). International ethics for psychotherapy supervisors. In C. E. Watkins & D. L. Milne (Eds.), *The Wiley international handbook of clinical supervision* (pp.129-154). Oxford, UK: John Wiley & Sons. doi:10.1002/9781118846360.ch6
- Watkins, C. E., & Milne, D. L (Eds.). (2014). *The Wiley international handbook of clinical supervision*. Oxford, UK: Wiley-Blackwell.
- Watkins, C. E. & Milne, D. L. (2014). Clinical supervision at the international crossroads. In C. E. Watkins & D. L. Milne (Eds.), *The Wiley international handbook of clinical supervision* (pp. 671-696). Oxford, UK: John Wiley & Sons, Ltd. doi:10.1002/9781118846360.ch32